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SCHOOL OF HEALTH &
COMMUNITY STUDIES

Supplementary file: Community champions rapid review - summary tables of included studies

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These tables present supplementary evidence in relation to

Public Health England. *Community champions: A rapid scoping review of community champion approaches for the pandemic response and recovery*. 2021. London: Public Health England. [Online] GOV-924. Available at gov.uk: <https://www.gov.uk/government/publications/community-champion-approaches-rapid-scoping-review-of-evidence>

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Table 1 Included studies RQs 1 & 2 – champion-type approaches in health emergencies and communicable disease control

Study	Study design	Study context	Population	Intervention/champion role
Bedson et al. (2020) ¹	Retrospective analysis	Ebola response	Sierra Leone All communities in 14 districts	Community Led Ebola Action (CLEA): large-scale intervention to support outbreak containment. Community mobilisers worked with communities to develop community action plans and monitoring and identify community champions (local influencers).
Duan et al. (2013) ²	Controlled before and after study	HIV prevention	China Men who have sex with men (MSM) in 2 cities	Popular opinion leader (POL) intervention to reduce HIV risk in MSM. POLs advocated risk reduction strategies in community venues and through websites.
Finlay et al. (2017) ³	Cross-sectional survey.	Malaria control	Madagascar All households in 19 districts	Community volunteers were recruited to visit households prior to and after the 2009 long lasting insecticidal nets (LLIN) distribution campaign (part of the National Malaria Control Strategy).
Health Communication Capacity Collaborative (2017) ⁴	Mixed methods evaluation	Ebola response	Liberia Whole population	Social mobilization pillar of the Incident Management System, Ebola response. Social mobilizer role included household and community communication, data gathering and reporting.
Hosek et al. (2015) ⁵	Mixed methods evaluation	HIV prevention	US Black young MSM in the House Ball community	A pilot HIV prevention intervention using a popular opinion leader (POL) model. POLs engaged peers in risk reduction conversations.
Jaganath et al. (2012) ⁶	Description of training	HIV prevention	US HIV high-risk populations, focus on African American and Latino communities.	Harnessing Online Peer Education (HOPE). POLs trained to use social media as means to promote HIV prevention to their peers.
Kajula et al. (2019) ⁷	Cluster randomised controlled trial	Sexually transmitted infections (STI) and intimate partner violence prevention	Tanzania Young men in social groups	Health Leader Intervention to prevent HIV/STI transmission and intimate partner violence. Camp Health Leaders promoted behaviours in 'camps' of young men
Ko et al. (2013) ⁸	Repeated measures survey	HIV prevention	Taiwan MSM - virtual community	Internet popular opinion leaders (iPOL) intervention. iPOLs disseminated HIV related information via social media and

				engaged in 2-way on line communications on risk reduction.
Li et al. (2016) ⁹	Process evaluation & epidemiological study	Ebola response	Sierra Leone Communities in six districts most affected by Ebola	Social mobilization with community engagement in the Ebola response. Community social mobilizer trainees were asked to spread prevention messages in their communities.
Libyan Red Crescent Society Benghazi Branch (2020) ¹⁰	Programme description	COVID-19 prevention.	Libya Whole community of the Benghazi area.	'Volunteer in every street' intervention to raise awareness of COVID-19 prevention measures. Volunteers delivered COVID-19 awareness information in neighbourhoods using simplified local language and dialect.
Maduka et al. (2017) ¹¹	Discussion paper	Ebola response	Nigeria All population, Port Harcourt and parts of Lagos State	Community mobilizers undertook house-to-house interpersonal communication intervention in the containment of Ebola as part of Ebola response.
McMahon et al. (2017) ¹²	Qualitative study	Ebola response	Sierra Leone All communities from two districts	Perspectives of Health Management Committee members and community volunteers involved in Ebola response. Community volunteers facilitated communication between community and providers.
Mueller et al. (2020) ¹³	Discussion paper	COVID-19 response	Nigeria Two government areas, Lagos	Community-based COVID-19 contact tracing. Community mobilizers worked with a volunteer to carry out community active case searching by household.
Mulawa et al. (2018) ¹⁴	Cluster randomised controlled trial	HIV/STI and intimate partner violence prevention	Tanzania 30 social networks in Dar es Salaam	Health leadership intervention to reduce STIs and intimate partner violence perpetration through peer-nominated health leaders in different positions in social networks.
NIMH (National Institute of Mental Health) Collaborative HIV/STD Prevention Trial Group (2010) ¹⁵	Multi-country randomised controlled trial	HIV/sexually transmitted diseases (STD) prevention	China, India, Peru, Russia, and Zimbabwe (US led study) Populations at risk of HIV/AIDS	Community Popular Opinion Leader HIV/STD Prevention and risk reduction intervention. Community POLs communicated messages on HIV/STD Prevention and risk reduction in natural conversations/settings.
Ongwae et al. (2017) ¹⁶	Narrative review of policy documents	Polio response	Nigeria Whole population, particularly children, in 6 states	Polio Eradication Initiative - dedicated mobile teams and polio volunteer community mobilizers programme to improve polio immunisation and primary health care in underserved communities.
Pettifor et al. (2015) ¹⁷	Cluster randomized controlled trial	HIV prevention	South Africa	Community Mobilization Intervention around gender norms and reduction of HIV risk.

Also Pettifor 2018 ¹⁸			18-35-year-old residents	Community mobilizers carried out community outreach and ran workshops on themes relating to gender and health.
Quinn (2020) ¹⁹	Discussion paper	COVID-19 response	US African American and Latinx Communities	1000 Hometown Heroes - POL intervention to reduce health inequalities associated with race/ethnicity in COVID. Social influencers and community leaders communicate messages about COVID prevention and mental health.
Rice et al. (2012) ²⁰	Process evaluation (sub-analysis from NIMH Trial)	HIV/STD prevention	China Food markets and their vendors in one city	Community Popular Opinion Leader (CPOL) intervention on HIV/STD prevention, with focus on reducing associated stigma. Community POLs communicated HIV/STD prevention messages through natural conversations.
Shepherd and O'Caña (2013) ²¹	Mixed methods evaluation	HIV prevention	US MSM aged 18-70	Atlas HIV Prevention Program used empowerment approach in community. POLs engaged in outreach education and community events.
Siddique et al. (2016) ²²	Evidence review of primary and secondary data	Polio response	India At risk families in 2 states.	SMNet - social mobilization network for eradication of polio by targeting resistance. Involved social/community mobilizers for outreach activities plus community influencers in community.
Skip et al. (2020) ²³	Retrospective analysis	Ebola response	Sierra Leone Communities from 120 of the 153 chiefdoms	Community Led Ebola Action (CLEA). Community mobiliser and community champion roles. Both roles leading and supporting development of community action plans.
Theall et al. (2015) ²⁴	Before and after study (uncontrolled)	HIV prevention	US Alcohol-using social networks, rural and semi-rural areas	Community Popular Opinion Leader (C-POL) role focusing on risk reduction in HIV risk behaviours and alcohol use risks through having natural conversations with peers.
Young et al. (2011) ²⁵	Randomised Controlled Trial (Sub-analysis from NIMH Trial).	HIV/STI prevention	Peru Populations at risk of HIV/AIDS in social/street settings	Community Popular Opinion Leader HIV/STI Intervention with focus on reduction of stigma associated with HIV/AIDS. Community POLs communicated HIV prevention messages around risk reduction as part of their normal activities in neighbourhoods.

Table 2: Included studies RQs 3 & 4 –UK community champion approaches

Study	Study design	Study context	Population (UK)	Intervention/champion role
Anonymous (2015) ²⁶	Descriptive case study	Health Improvement	Whole population Thamesmead - London	Thamesmead Health Champions organised health improvement projects and engaged with the local community via meetings, events and social media.
Bagnall et al. (2015) ²⁷	Case studies - qualitative	Cancer awareness Health improvement	Case study (i) – ethnic minority communities, West Midlands Case study (ii) - young people in 20 Well London areas	(i) Life is Precious - creative arts approach to engage ethnic minority communities to raise awareness of cancer. Community champions were part of legacy phase. (ii) Youth.com using Young Ambassadors to engage young people in the Well London programme areas.
Bennett & Perkins (2012) ²⁸	Mixed methods case study & process evaluation	Health improvement	Whole population Wigan	Workplace and community health champions promoted health literacy and improved health through providing information and influencing behaviour.
Brown & Porter (2016) ²⁹	Mixed method evaluation	Female Genital Mutilation (FGM) prevention	UK wide, communities affected by FGM	Tackling FGM Initiative working at local, regional, and national levels to strengthen community-based prevention. Community champions raised awareness and outreach to wider audiences.
Curno et al. (2012) ³⁰	Mixed methods evaluation	Cancer awareness	Ethnic minority communities Dudley, West Midlands.	Life is Precious - creative arts approach to engage ethnic minority ethnic communities to raise awareness of cancer. Community Health Champions provide support and encouragement to others in their communities.
Davies (2009) ³¹	Policy report	Health improvement	Disadvantaged communities Yorkshire & the Humber	Altogether Better – regional community empowerment programme. Community Health Champions approach embedded within 16 locally delivered workplace and community projects, with a focus on mental health, physical activity, and healthy eating.
Ecorys UK with Centre for Social Gerontology, University of Keele (2013) ³²	Mixed methods evaluation	Health improvement	People over 50 years, England. National Cascade programme targeted at-risk groups	Fit as a Fiddle aimed to address inequalities and empower older people. Wide variety of volunteer roles across 24 regional projects including delivering activities, marketing and promotion and buddying.
Envoy Partnership. (2018) ³³	Mixed methods evaluation and Social Return	Health improvement	Whole population Hammersmith & Fulham,	Community Champions based in 15 hubs across three London boroughs promoting the health and well-being of all residents.

	On Investment (SROI)		Kensington & Chelsea, and Westminster boroughs,	Champions role included signposting, advocacy, awareness raising, participation in events.
Hatamian et al. (2012) ³⁴	Mixed methods evaluation	Social isolation prevention Health improvement	People approaching and post retirement 30 areas in England.	Active at 60 Community Agents strengthened social engagement with people pre and post retirement, including those at risk of social isolation. Community agents promoted and organised activities and supported participation.
HeadSmart: Be Brain Tumour Aware (2016) ³⁵	Mixed methods evaluation	Brain tumour in children awareness	Children and families; health practitioners UK wide	HeadSmart: Be Brain Tumour Aware health education campaign targeted at public and professionals. Network of community champions raised awareness and distributed symptom checklists in community settings.
Local Government Association and Volunteering Matters (2017) ³⁶	Practice-based case study	Health improvement	Targeted at 30% most deprived areas in Durham, and at groups with specific health needs	Durham Wellbeing for Life - integrated health and wellbeing service providing individual, group, family and community-led interventions. Community Health Champions support community group activities.
Lwembe (2011) ³⁷	Mixed methods evaluation	Health improvement	Residents of a London borough	Well London Delivery Team White City Health Champions – a community outreach and engagement project to improve health and wellbeing. Health Champions carried out community engagement, signposting and providing feedback to local services.
Mantovani et al. (2014) ³⁸ Also Mantovani et al. (2017) ³⁹	Qualitative participatory action research	Mental health and wellbeing promotion	Ethnic minority community Wandsworth, London	Community Wellbeing Champions part of a community engagement approach based in faith settings aiming to reduce health inequalities around mental health. Following training, champions used social networks to promote awareness of mental health and wellbeing and signpost to services.
MiFriendly Cities (2019) ⁴⁰	Mixed methods evaluation	Health improvement	Refugees, migrants and asylum seekers in three cities in the West Midlands	As part of Mi(grant) Friendly Cities partnership, Community Health Champions communicated health messages in social networks and supported events to improve access to services for migrants, refugees and asylum seekers.
Mudiyarabikwa et al. (2020) ⁴¹	Qualitative evaluation	Public Health Knowledge and Skills training	Refugees, migrants and asylum seekers in three cities in the West Midlands.	Public Health Knowledge and Skills curriculum for Refugee & Migrant Community Health Champions. Developing skills and knowledge of champions to enable them to promote health in

				their communities and increase service utilisation.
National Institute for Health and Care Excellence (2013) ⁴²	Practice-based case study & SROI	Health improvement	Disadvantaged communities in Sheffield	Empowerment approach to support behaviour change and widen access employment opportunities. Health Champions provided peer support and organised community activities.
Naylor and Wellings (2019) ⁴³	Case study (mixed methods)	Health improvement	General population, Wigan	Wigan Deal – champions one strand of a transformation asset-based approach to invest in prevention and address health inequalities. Range of champion roles linked to community activities including: Community Health Champion, Cancer Champions, Heart Champions, Parent Champions, Young Health Champions.
Reece & Flint (2012) ⁴⁴	Mixed method evaluation	Evaluating impact of community health champions	Volunteers and host organisations, Sheffield	Community Health Champions evaluation tool development to measure impact on secondary beneficiaries. Champion role included building social support, confidence and empowerment.
Robinson & Brownnett (2018) ⁴⁵	Mixed methods evaluation	Educating public health champions	Wider public health workforce	Course to develop wider public health workforce aimed at individuals who self-identify as public health champions. University setting but with peer learning in community-based workplaces.
Royal Society for Public Health (2014) ⁴⁶	Evidence review	Health improvement	Various populations eg. older people, young people and residents living in deprived areas	A summary of evidence of Health Champions in the public health workforce. Multiple examples from several programmes including UK based Altogether Better, Well London, Fit as a Fiddle, and Youth Health Champions.
South et al. (2017) ⁴⁷	Qualitative evaluation	Neighbourhood asset mapping	Residents of disadvantaged neighbourhood, Sheffield	'I am My Community', an asset mapping of two neighbourhoods using trained Community Health Champions to undertake asset mapping.
Turner & McNeish (2013) ⁴⁸	Qualitative case study synthesis	Health improvement	Direct beneficiaries of Altogether Better programme and projects, Yorkshire & Humber	Altogether Better programme and associated projects. Community Health Champions involved in supporting and organising a range of community health improvement activities.

Ure et al. (2020) ⁴⁹	Descriptive case study	Alcohol harm reduction	Selected communities, Greater Manchester	Communities in Charge of Alcohol (CICA) engaged communities in action to reduce alcohol harm and trained local volunteers as Alcohol Health Champions (AHCs). AHCs undertook a range of roles including awareness raising, health assessments, and advocacy.
Warwick-Booth et al. (2012) ⁵⁰ Also Warwick-Booth et al. (2013) ⁵¹	Mixed method evaluation	Health improvement	Disadvantaged communities, Sunderland	Sunderland Health Champions programme aimed to improve the health of disadvantaged communities using a social movement approach in workplace and community settings. Health champions trained, then use their social networks to promote health or deliver brief interventions.
White & Woodward (2013) ⁵²	Qualitative evaluation	Health improvement	Various target populations Lincolnshire	Developing volunteers in 11 voluntary organisations working to improve physical and mental health. Champions in a wide range of health roles including promoting services, running activities, peer support and raising awareness.
White et al. (2010) ⁵³ Also Woodall et al. (2013) ⁵⁴	Qualitative evaluation	Health improvement	Disadvantaged communities Yorkshire & Humber region	Altogether Better - regional empowerment programme focused on physical activity, healthy eating and mental health and wellbeing. Community Health Champions central to delivery of programme; roles included communication through natural conversations, peer support and leading community activities.
Women's Aid (2018) ⁵⁵	Mixed methods evaluation	Domestic abuse awareness	Women survivors of domestic abuse	'Change that Lasts' project built capacity to respond to reports of domestic abuse through community, trusted professional and expert support. Community ambassadors were trained to raise awareness, signpost and challenge negative gender stereotypes.
Yusuf et al. (2015) ⁵⁶	Mixed methods evaluation	Child oral health promotion	3-7-year-old children (and families) in a deprived area of London	'Keep Smiling'- pilot oral health promotion intervention to tackle high-level of dental caries in young children. Health Champions supported programme delivery in schools and engaged parents.

References

1. Bedson J, Jalloh MF, Pedi D, Bah S, Owen K, Oniba A, et al. Community engagement in outbreak response: lessons from the 2014-2016 Ebola outbreak in Sierra Leone. *BMJ Global Health*. 2020;58:e002145.
2. Duan Y, Zhang H, Wang J, Wei S, Yu F, She M. Community-based peer intervention to reduce HIV risk among men who have sex with men in Sichuan province, China. *AIDS Education and Prevention* 2013;25(1):38-48.
3. Finlay AM, Butts J, Ranaivoharimina H, Cotte AH, Ramarosandratana B, Rabarijaona H, et al. Free mass distribution of long lasting insecticidal nets lead to high levels of LLIN access and use in Madagascar, 2010: A cross-sectional observational study. *PLOS ONE*. 2017;12(8):e0183936.
4. Health Communication Capacity Collaborative (HC3). Social mobilization lessons learned: the Ebola response in Liberia. Baltimore, Maryland: John Hopkins Centre for Communication Programs; 2017.
5. Hosek SG, Lemos D, Hotton AL, Fernandez MI, Telander K, Footer D, et al. An HIV intervention tailored for black young men who have sex with men in the House Ball Community. *AIDS Care*. 2015;27(3):355-62.
6. Jaganath D, Gill HK, Cohen AC, Young SD. Harnessing Online Peer Education (HOPE): integrating C-POL and social media to train peer leaders in HIV prevention. *AIDS Care*. 2012;24(5):593-600.
7. Kajula LJ, Kilonzo MN, Conserve DF, Mwikoko G, Kajuna D, Balvanz P, et al. Engaging young men as community health leaders in an STI and Intimate Partner Violence prevention trial in Dar es Salaam, Tanzania. *Global Social Welfare: Research, Policy & Practice*. 2019;6(4):259-66.
8. Ko N-Y, Hsieh C-H, Wang M-C, Lee C, Chen C-L, Chung A-C, et al. Effects of Internet popular opinion leaders (iPOL) among Internet-using men who have sex with men. *Journal of Medical Internet Research*. 2013;15(2):e40.
9. Li ZJ, Tu WX, Wang XC, Shi GQ, Yin ZD, Su HJ, et al. A practical community-based response strategy to interrupt Ebola transmission in Sierra Leone, 2014-2015. *Infectious Diseases of Poverty*. 2016;5:74.
10. Libyan Red Crescent Society. Volunteer in every street - webinar. WHO Infodemic Management and Global Collective Service; 2020.
11. Maduka O, Nzuki C, Ozoh HC, Tweneboa-Kodua A, Nyanti SB, Akosile CF, et al. House-to-house interpersonal communication in the containment of Ebola in Nigeria. *Journal of Communication in Healthcare*. 2017;10(1):31-6.
12. McMahon SA, Ho LS, Scott K, Brown H, Miller L, Ratnayake R, et al. "We and the nurses are now working with one voice": how community leaders and health committee members describe their role in Sierra Leone's Ebola response. *BMC Health Service Research*. 2017;17:495.
13. Mueller UE, Omosehin O, Akinkunmi AE, Ayanbadejo JO, Somefun EO, Momah-Haruna AP. Contact tracing in an African megacity during COVID 19: Lessons learned. *African Journal of Reproductive Health*. 2020;24:27-31.
14. Mulawa MI, Yamanis TJ, Kajula LJ, Balvanz P, Maman S. Structural network position and performance of health leaders within an HIV prevention trial. *AIDS and Behavior*. 2018;22(9):3033-43.
15. NIMH Collaborative HIV/STD Prevention Trial Group. Results of the NIMH collaborative HIV/sexually transmitted disease prevention trial of a community popular opinion leader intervention. *Journal of Acquired Immune Deficiency Syndromes* 2010;54(2):204-14.
16. Ongwae KM, Bawa SB, Shuaib F, Braka F, Corkum M, Isa HK. Use of dedicated mobile teams and Polio Volunteer Community Mobilizers to increase access to zero-dose oral Poliovirus vaccine and routine childhood immunizations in settlements at high risk for Polio transmission in Northern Nigeria. *Journal of Infectious Diseases*. 2017;216:S267-S72.
17. Pettifor A, Lippman SA, Selin AM, Peacock D, Gottert A, Maman S, et al. A cluster randomized-controlled trial of a community mobilization intervention to change gender norms and reduce HIV risk in rural South Africa: study design and intervention. *BMC Public Health*. 2015;15:752.
18. Pettifor A, Lippman SA, Gottert A, Suchindran CM, Selin AM, Peacock D, et al. Community mobilization to modify harmful gender norms and reduce HIV risk: results from a community cluster randomized trial in South Africa. *Journal of the International AIDS Society*. 2018;21(7):e25134.
19. Quinn KG. Applying the Popular Opinion Leader Intervention for HIV to COVID-19. *AIDS and Behavior*. 2020;24(12):3291-4.

20. Rice RE, Wu Z, Li L, Detels R, Rotheram-Borus MJ. Reducing STD/HIV stigmatizing attitudes through community popular opinion leaders in Chinese markets. *Human Communication Research*. 2012;38(4):379-405.
21. Shepherd JL, O'Caña F. Committed to the community: the Atlas HIV Prevention Program. *Health Promotion Practice*. 2013;14(6):824-32.
22. Siddique AR, Singh P, Trivedi G. Role of Social Mobilization (Network) in Polio Eradication in India. *Indian Pediatrics*. 2016;53 Suppl 1:S50-S6.
23. Skrip L, Bedson J, Abramowitz S, Jalloh MB, Bah S, Jalloh MF, et al. Unmet needs and behaviour during the Ebola response in Sierra Leone: a retrospective, mixed-methods analysis of community feedback from the Social Mobilization Action Consortium. *The Lancet Planetary Health*. 2020;42(2):e74-e85.
24. Theall KP, Fleckman J, Jacobs M. Impact of a community popular opinion leader intervention among African American adults in a southeastern United States community. *AIDS Education and Prevention*. 2015;27(3):275-87.
25. Young SD, Konda K, Caceres C, Galea J, Sung-Jae L, Salazar X, et al. Effect of a community popular opinion leader HIV/STI intervention on stigma in urban, coastal Peru. *AIDS and Behavior*. 2011;15(5):930-7.
26. Anonymous. Community health champions ignite enthusiasm for improving wellbeing in South East London [corrected]. *Perspectives in Public Health*. 2015;135(6):274.
27. Bagnall A, Kinsella K, Trigwell J, South J, Sheridan K, Harden A. Community engagement - approaches to improve health: map of current practice based on a case study approach. Leeds: Centre for Health Promotion Research, Institute for Health and Wellbeing, Leeds Beckett University; 2015.
28. Bennett A, Perkins C. Evaluation of approaches to health literacy in Ashton, Leigh and Wigan. Liverpool: Liverpool John Moores University; 2012.
29. Brown E, Porter C. The tackling FGM initiative: evaluation of the second phase (2013-2016). London: Options Consultancy Services Limited; 2016.
30. Curno P, Parker R, Prichard J, Sogi P. Life is Precious: Dudley Cancer Awareness Arts and Health Project evaluation report. Dudley: Dudley Public Health Department; 2012.
31. Davies R. Local Work: Community Health Champions: one of the keys to unlocking the health inequalities challenge? . Manchester: Centre for Local Economic Strategies and CLES Consulting; 2009.
32. Ecorys UK with Centre for Social Gerontology University of Keele. Fit as a fiddle. Final evaluation report. London: Age UK; 2013.
33. Envoy Partnership. Community Champions Social Return on Investment evaluation. October 2017 to May 2018. London: Envoy Partnership; 2018.
34. Hatamian A, Pearmain D, Golden S. Outcomes of the Active at 60 Community Agent Programme: research report. Research Report No 808. London: Department for Work and Pensions; 2012. Report No.: 9781908523860.
35. HeadSmart: Be Brain Tumour Aware. A new clinical guideline from the Royal College of Paediatrics and Child Health with a national awareness campaign accelerates brain tumor diagnosis in UK children - "HeadSmart: Be Brain Tumour Aware". *Neuro-oncology*. 2016;18(3):445-54.
36. Local Government Association, Volunteering Matters. Public health working with the voluntary, community and social enterprise sector: new opportunities and sustainable change. London: Local Government Association; 2017.
37. Lwembe S. Health Champion project evaluation report. London: NHS Hammersmith and Fulham; 2011.
38. Mantovani N, Pizzolati M, Gillard S. "Using my knowledge to support people": a qualitative study of an early intervention adopting community wellbeing champions to improve the mental health and wellbeing of African and African Caribbean communities. London: St George's University of London; 2014.
39. Mantovani N, Pizzolati M, Gillard S. Engaging communities to improve mental health in African and African Caribbean groups: A qualitative study evaluating the role of community well-being champions. *Health & Social Care in the Community*. 2017;25(1):167-76.
40. MiFriendly Cities. Interim evaluation report. Birmingham, Coventry and Wolverhampton: MiFriendly Cities; 2019.
41. Mudyarabikwa O, Regmi K, Ouillon S, Simmonds R. Opportunities and challenges in designing a public health knowledge and skills curriculum for refugee and migrant community health champions in the West Midlands, England (UK). *Pedagogy in Health Promotion*. 2020;Aug.

42. National Institute for Health and Care Excellence. Sheffield Community Health Champions programme; addressing obesity through community engagement. London: National Institute for Health and Care Excellence; 2013.
43. Naylor C, Wellings D. A citizen approach to health and care: lessons from the Wigan Deal. London: The Kings Fund; 2019.
44. Reece L, Flint S. Sheffield All-Being Well Consortium draft report: Evaluation of the impact of community health champions on secondary beneficiaries. Sheffield: Centre for Sports and Exercise Science, Sheffield Hallam University; 2012.
45. Robinson S, Brownett T. Educating public health champions. *Health Education Journal*. 2018;77(8):978-94.
46. Royal Society for Public Health. Tackling health inequalities: the case for investment in the wider public health workforce. London: Royal Society for Public Health; 2014.
47. South J, Giuntoli G, Kinsella K. Getting past the dual logic: findings from a pilot asset mapping exercise in Sheffield, UK. *Health & Social Care in the Community*. 2017;25(1):105-13.
48. Turner C, McNeish D. Altogether Better beneficiary case stories analysis. North Dalton: DMSS Research and Consultancy; 2013.
49. Ure C, Burns L, Hargreaves SC, Coffey M, Audrey S, Kenth K, et al. Mobilising communities to address alcohol harm: an Alcohol Health Champion approach. *Perspectives in Public Health*. 2020;140(2):88-90.
50. Warwick-Booth L, Woodall J, South J, Bagnall A-M, Day R, Cross R. An evaluation of Sunderland Health Champions Programme. Leeds: Centre for Health Promotion Research, Leeds Metropolitan University; 2012.
51. Warwick-Booth L, Cross R, Woodall J, Day R, South J. Health champions and their circles of influence as a communication mechanism for health promotion. *International Review of Social Research*. 2013;3(2):113-29.
52. White J, Woodward J. Community health champions in Lincolnshire. Leeds: Leeds Metropolitan University; 2013.
53. White J, South J, Woodall J, Kinsella K. Altogether Better thematic evaluation - Community health champions and empowerment. Leeds: Centre for Health Promotion Research, Leeds Metropolitan University; 2010.
54. Woodall J, White J, South J. Improving health and well-being through community health champions: a thematic evaluation of a programme in Yorkshire and Humber. *Perspectives in Public Health*. 2013;133(2):96-103.
55. Women's Aid. Change that lasts: impact briefing. Bristol: Women's Aid; 2018.
56. Yusuf H, Wright K, Robertson C. Evaluation of a pilot oral health promotion programme 'Keep Smiling': perspectives from GPs, health champions and school staff. *British Dental Journal*. 2015;218(8):455-9.